



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E449577**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION
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CASE #	15-1950		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	

DATE OF COLLISION	08 - 04 - 2015	TIME (2400)	1056	COUNTY #	31	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	CITY #	0664					
															S	<input type="checkbox"/>	W	<input type="checkbox"/>	OF	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 204	BLOCK NO. <input checked="" type="checkbox"/>	9100
		MILE POST <input type="checkbox"/>

DISTANCE		MILES		OF (REFERENCE OR CROSS STREET)	91 AV NE
		FEET			

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253671311
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LAST NAME	LAMBERT	FIRST NAME	LINDA	MIDDLE INITIAL	R
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STREET NEW ADDRESS	19303 8TH AVE NW
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CITY	ARLINGTON	ST	WA	ZIP	982238318
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CDL	RESTRICTIONS	ENDORSEMENTS	L
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DRIVER'S LICENSE #	LAMBELR510M3	STATE	WA	SEX	F	D.O.B. MMDDYYYY	07 - 23 - 1949
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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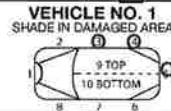
LICENSE PLATE #	B24254Y	STATE	WA	VIN#	4TAVL52N2XZ571025
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1999	MAKE	TOYO	MODEL	PU	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. KARL LAMBERT PO BOX 357 SILVANA WA 98287

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS 187579969
VEHICLE LEGALLY STANDINGS YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 3605689587
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LAST NAME	SCHELDRUP	FIRST NAME	CAROLYN	MIDDLE INITIAL	
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STREET NEW ADDRESS	6132 NORTHRIDGE DR
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CITY	SNOHOMISH	ST	WA	ZIP	982901208
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	SCHELC*622PT	STATE	WA	SEX	F	D.O.B. MMDDYYYY	10 - 30 - 1938
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	AQY1660	STATE	WA	VIN#	JHLRE48727C110321
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	HOND	MODEL	CRV5D	STYLE	UT	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ROBERT SCHELDRUP 6132 NORTHRIDGE DR SNOHOMISH WA 98290

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA 0064194
VEHICLE LEGALLY STANDINGS YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	KERRY BERNHARD	BADGE OR ID #	120	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E449577**

CASE # **15-1950**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG	RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES	

**NARRATIVE**

On 8/4/2015 at approximately 1056 hours, I responded to a report of a collision at the intersection of 91st Ave NE and SR 204 in the City of Lake Stevens. The driver of Unit 1 had been travelling eastbound on SR 204. Unit 2 was travelling northbound on 91st Ave NE stopped at the traffic signal for the red light. Prior to Unit 1 entering the intersection the traffic signal changed from green to red. Unit 1 did not stop at the red light but proceeded into the intersection. Unit 1 was struck by Unit 2 as it entered the intersection on the green light.

No injuries were reported. Unit 2 was towed from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**KERRY BERNHARD**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**08-04-15 03:00 PM**

DATED

PLACE SIGNED

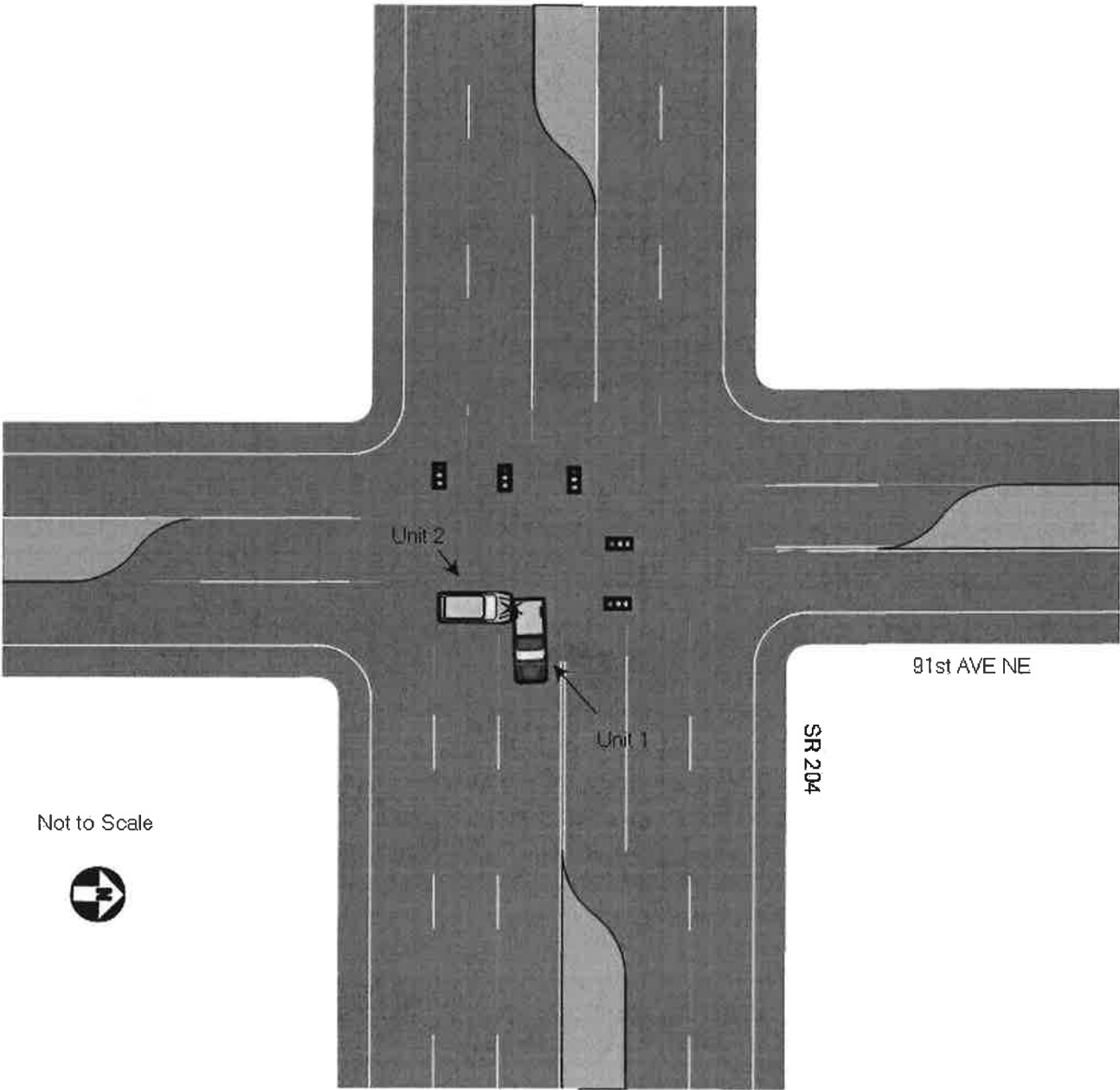
APPROVED BY

**KERRY BERNHARD 120**

DATE

**8/6/2015 11:00:53 AM**

BADGE OR ID #	<b>120</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>10:56 AM</b>	TIME POLICE ARRIVED	<b>11:00 AM</b>
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LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>ROBERTA #720</i>	Case Number <i>15-1950</i>
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: <i>COLISION</i>		Date/Time: <i>8/11/15 1507</i>
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification	

Case # *15-1950*

Item # <i>15-1</i> Action # <i>3</i>	Item <i>PHOTO CD</i>	Brand Name		Storage Location		Disposition	
	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name <i>LSPD</i>		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#720</i>							
Item #	Item	Brand Name		Storage Location		Disposition	
	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location		Disposition	
	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location		Disposition	
	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location		Disposition	
	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Evidence Control Use Only:  
 Received by Evidence: \_\_\_\_\_ NCIC/WACIC ☒ Date: \_\_\_\_\_ CAD/RMS Checked \_\_\_\_\_ ROUTING: \_\_\_\_\_  
 Name: \_\_\_\_\_ # \_\_\_\_\_ NCIC/WACIC + \_\_\_\_\_ Date: \_\_\_\_\_ Owner Letter Sent: \_\_\_\_\_ White: Property Room  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ NCIC/WACIC - \_\_\_\_\_ Date: \_\_\_\_\_ Owner Letter Sent: \_\_\_\_\_ Yellow: Case File

Incident History for: #SS15015532 Xref: #SS15015535

Case Numbers: \$\$S15001950

Entered 08/04/15 10:56:23 BY SPDF24 SP0152  
Dispatched 08/04/15 10:56:35 BY SPDP17 SP0326  
Enroute 08/04/15 10:56:35  
Onscene 08/04/15 11:00:44  
Closed 08/04/15 11:40:53

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 377E-7 Group: SS1 Beat: WEST

Src: T

Loc: 91 AV NE/VERNON RD , LKS (V)

Loc Info: ON 91

Name: SARA

Addr: WITNESS

Phone: 4253193371

/1056 (SP0152) ENTRY , 2 VEH, NON INJ, NON BLKING, GRN TOYOTA PU/SIL H  
ONDA SUV

/1056 (SP0326) DISPER 19D3 #SS132 KILROY, OFFICER (JOSH)

/1056 ASSTER 19S15 #SS120 BERNHARD, OFFICER (KERRY)

/1056 PREMPT 19D3

/1054? (SP0181) SUPP

LOC: 91 AV NE/SR 204 , LKS,

LOC: ON 91,

NAM: TOWNSEND MIKE -WITNESS,

PHO: 4254182924,

TXT: AC NON INJ, BLKING GRN TOYT TACOMA TK VS N/

D SUV THINKS DRIVER OF TACOMA MAYBE HBD, SMELLS

ALCOHOL,

/1100 (SS120 ) \*ONSCNE 19S15

/1103 \*ONSCNE 19S15

/1111 (SP0203) NEWLOC 19S15

[76 STATION ]

/1111 \$CROSS

#SS15015535

/1111 DUP

#SS15015535

/1112 MISC 19S15

, TOW, LIGHT FRONT END DAMAGE, ALL 4 ROUND

/1112 ROTREQ 19S15

TOW 5912 LKS DICKS TOW - CLASS C AVAIL

4252524004

/1113 (SS120 ) \*ASNCAS 19S15

\$S15001950

/1113 (SP0203) MISC 19S15

, DICKS ENRT

/1128 (SS120 ) REMINQ 19S15

MDTVEH, 639WTS, , WA, , , , , , , , , ,

/1129 REMINQ 19S15

MDTVEH, AQY1660, , WA, , , , , , , , , ,

/1140 (SP0326) CLEAR 19S15

D/H

/1140 CLOSE 19S15